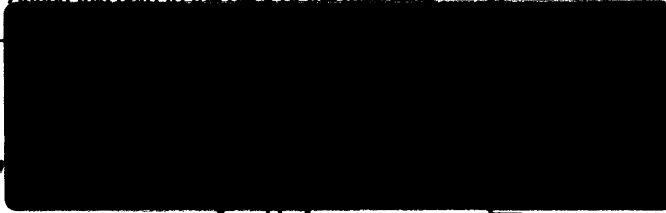


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece.</p>		<p>A. Signature <i>Samuel D. Tarkenton</i></p> <p><input checked="" type="checkbox"/> X JAN 16 2007</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>1. </p> <p><i>Samuel D. Tarkenton</i></p> <p>JAN 16 2007</p>		<p>Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Delivery address below:</p> <p><i>07 CV 18</i></p> <p><i>SAC</i></p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee)</p> <p><input type="checkbox"/> Yes</p>		<p>7005 1820 0002 3461 4186</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-154	